

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
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50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	1	1	←	←	←	←
TOTAL CLAIMS	5	0	0	0	0	0

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS	5	0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS